

EXHIBIT B

Ref# TOC10620001218	Housing:A1W0011	Date Created:06/15/2020
ID#: A196744	Name:ALFORD,BRIAN	
Form:Kite	Subject:Unit 1	Description:Unit Manager
Urgent:No	Time left:n/a	Status:Closed

Original Form

6/15/2020 6:52:55 AM : (a196744) wrote

MA'AM: COULD YOU E-MAIL THE PACKAGE ROOM TO LET THEM KNOW MY SON WILL BE ORDERING MY MEDICALLY APPROVED FOOTWEAR FROM HITCHCOCK SHOES AND MY CD PLAYER FROM FM ACCESS IN ABOUT THREE WEEKS. THANKS.

Communications / Case Actions

6/15/2020 6:52:55 AM : (a196744) wrote

Form has been submitted

6/16/2020 8:35:32 AM : (Penney Abbott) wrote
done

6/16/2020 8:35:37 AM : (Penney Abbott) wrote
Closed inmate form

Manual Fill-In

ON 11-12-20 AT APPROXIMATELY INSPECTOR JANKINS
DELIVERED THESE 3 DOCUMENTS AND I SIGNED FOR
THEM ONLY AFTER THE FILING OF TOCZ 1120001688
ON 11-12-20 AT APPROXIMATELY PM.

Ref# TOCI0720002604	Housing:A1W0011	Date Created:07/30/2020
ID#: A196744	Name:ALFORD,BRIAN	
Form:Kite	Subject:Unit 1	Description:Unit Manager
Urgent:No	Time left:n/a	Status:Closed

Original Form

7/30/2020 9:38:17 AM : (a196744) wrote

MS. ABBOTT: CAN YOU LET THE PACKAGE ROOM KNOW THAT I MY SON IS STILL ORDERING THE SHOES FROM HITCHCOCK AND TEH CD PLAYER FROM ACCESS DIRECT, BUT IT WILL BE A LITTLE LONGER BEFORE HE DOES AS HE IS COMING OFF OF A SURGERY FOR TORN ROTATOR CUSP. THANKS!

Communications / Case Actions

7/30/2020 9:38:17 AM : (a196744) wrote

Form has been submitted

7/31/2020 10:16:37 AM : (Penney Abbott) wrote

I'll let them know.

7/31/2020 10:16:42 AM : (Penney Abbott) wrote

Closed inmate form

Manual Fill-In

B-3

R
E
T
U
R
N

FROM:

BRIAN A196744 ALFORD
2001 E CENTRAL AVE
TOLEDO, OH 43608-2241

THIS PACKAGE CONTAINS:

- ☐ Exchange
☐ Refund or Credit
(Please mark appropriate box)



Order # 202060

L
A
B
E
LTO: HITCHCOCK SHOES, INC.
ATT: RETURNS DEPT
225 BEAL ST
HINGHAM, MA 02043

Hitchcock

 WIDE SHOES

225 Beal Street • Hingham, Massachusetts 02043
Customer Service (888) 599-9433 or (781) 749-3571
Fax (781) 749-3576 e-mail: hitchcock@wideshoes.com
www.wideshoes.com

Order #: 202060
Order Date: 9/9/2020



ORDER: Web

Bill To: Key Code: C20-288576
TEARAYNE JONES
733 PEDDICORD AVE
WSHNGTN CT HS, OH 43160-1193

ShipTo: Key Code: C20-288576
BRIAN A196744 ALFORD
2001 E CENTRAL AVE
TOLEDO, OH 43608-2241

Row	SKU	Size	Width	Order	B/O	Ship	Description	Unit Price	Total Due	Expected Back in Stock
D21	1540MB3	12	4E	1		1	Marblehead 1540 V3 Runner (12, 4E)	\$169.95	\$169.95	
H04	200N1	12	4E	1		1	Navy Float Slide Sandal (12, 4E)	\$29.95	\$29.95	
							Standard Shipping	\$12.95	\$12.95	

D25	1400DB	12	4E		1		Brown Waterproof Trail Boot (12, 4E)	\$139.95		11/25/2020
					1		Standard Shipping	\$0.00		



SEP 10 2020

Product Subtotal: \$199.90
Shipping & Handling: \$12.95
Taxes: \$15.42
Total: \$228.27
Type of Payment: MasterCard
Balance: \$150.10
Order Number: 202060



Partial Shipment

***Standard Shipping 258910

Alford
196744
A1W14

PLEASE! Be sure these shoes fit comfortably before you start to wear them. We want you to be satisfied with your purchase, but we cannot exchange worn or damaged shoes. Try them on with a soft carpet underfoot. Bending shoes doesn't help fit but can ruin them. Unworn, undamaged shoes may be returned within 90 days of purchase for exchange or refund of the purchase price. Please see our website for more details.

You have received a *jp*ay letter, the fastest way to get mail

From : tearayne jones, CustomerID: 4059785
To : BRIAN ALFORD, ID: A196744
Date : 9/10/2020 1:54:04 PM EST, Letter ID: 933358718 Parent Letter ID: 933203280
Location : TOCI
Housing : A1W0014

1:51



wideshoes.com

Order #202060

Order#: 202060
Order Date: 9/9/2020 10:45 PM
Status: Reviewed

ORDER TOTALS

Item Subtotal: \$339.85
Shipping: \$12.95
OH COUNTY TAX: \$25.57
Total: \$378.37

PAYMENT INFORMATION

Date: 9/9/2020
Amount: \$228.27
Status: Captured
Method: MasterCard x8135

Date: 9/10/2020
Amount: \$150.10
Status: Pending
Method: MasterCard xxxxxxxxxxxxxx8135

***jp*ay** Tell your friends and family to visit www.jp.com to write letters and send money!

KITE PROCEDURE

1. Check with your Sergeant or Case Manager to see if this communication can be handled without a kite.
2. Write only to the Department that handles the problem you have. Others will merely forward your kite.
3. State your problems clearly and completely and thereby get immediate attention.
4. Avoid duplication of Kites, Writing to more than one office about the same thing will not obtain any faster attention.
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DRC 2005 (Rev. 08/2014)



Number: A196-744		Name: ALFORD		Date: 11-15-18
Unit: A1	Lock: A1-WIT	Assignment: LARRY MACHO		
To: MS. BRICKER				

FOLD HERE	
CASE MANAGER	WARDEN
CLASSIFICATION	DEPUTY WARDEN
COMMISSARY	ADMINISTRATION/ SPECIAL SERVICES/ PROGRAMS
DENTAL	RECREATION
USE HEALTH SERVICES REQUEST FORM, DRC5373 TO ACCESS DENTAL CARE	DEPUTY WARDEN OPERATIONS
MEDICAL	RELIGIOUS SERVICES
USE HEALTH SERVICES REQUEST FORM, DRC5373 TO ACCESS MEDICAL CARE	INST. INSPECTOR
MAJOR MENTAL HEALTH	INVESTIGATOR
	JOB COORDINATOR
	LIBRARY
	MAIL ROOM
	UNIT MANAGER
	EDUCATION
	FOOD SERVICE
	OTHER

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B-5

11/14/18

MAIAM

Mr. Alford,

I don't determine
if you can have
another pair of boots.

You will need to

fill out an

Inmate Health
Service Request
Form.

You can purchase
your own, just
see your Unit Mgr for
Unit Sgt.

I NEED A NEW PAIR OF
SIZE 12EEE BOOTS FOR
CIRCULATORY PROBLEMS
IN BOTH FEET, DEGENERATIVE
SPINE DISORDER, SCLIOSIS,
LUMBAR & CERVICAL SPINE
INJURIES TO PROVIDE
STABILITY AND PROPER
CIRCULATION AS THE
LAST PAIR ARE WORN
OUT, AND ONE WIDTH
TOO NARROW AS EXPLAINED
WHEN I SIGNED FOR THEM.

<

OK 196744

Ms. Death

KITE PROCEDURE

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Number:	A196744		Name:	ALFORD	Date:	3-10-18
Unit:	A1	Lock:	A1-E14	Assignment:	REC AIDE	
To: HEALTH SERVICES ADMINISTRATOR						

FOLD HERE	
CASE MANAGER	WARDEN
CLASSIFICATION	QUARTERMASTER
COMMISSARY	RECORDS
DENTAL	RECOVERY SERVICES
USE HEALTH SERVICES REQUEST FORM, DRC5373 TO ACCESS DENTAL CARE	RECREATION
MEDICAL	RELIGIOUS SERVICES
USE HEALTH SERVICES REQUEST FORM, DRC5373 TO ACCESS MEDICAL CARE	UNIT MANAGER
MAJOR MENTAL HEALTH	LIBRARY
	MAIL ROOM
	FOOD SERVICE
	OTHER

DRC 2005 (Rev. 08/2014)



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B-6

3/12/18

Medical has done their part if you want to order additional shoes explain to your Unit Staff you need a special order due to the sizing

ATTACHED: 11-4-17 CAPT. 2-27-18 UNIT MANAGER 6-27-18 UNIT MANAGER

I don't authorize additional shoes

Thanks
Ms Bank

BOOTS WERE BEING ORDERED. I LATER LEARNED SIZE 124E (TOO WIDE) WERE ORDERED BY MISTAKE, AND PROPER SIZE WOULD BE REORDERED. HOWEVER, ON 2-6-18 WAS INFORMED 123E WOULD BE ORDERED. YET, ON 2-21-18 UPON ARRIVAL TO HSI I LEARNED SIZE 122E (TOO NARROW) WERE ORDERED AND THE BOOTS RUN LARGE. THIS PUTS ME BACK IN MY ORIGINAL REQUEST TO ORDER PROPERLY FITTED SHOES THROUGH HITCHCOCK SHOES (123E). KITED WARDEN ABOUT THIS ISSUE, WHO REFERRED ME TO UNIT STAFF, AND MR. HERNANDEZ UNIT MANAGER ADVISED MEDICALS RESPONSE WAS "ONCE YOU ACCEPT THEM THAT IS WHAT YOU GET, SPEAK WITH THEM!!"

DUE TO PENDING LITIGATION ON THIS ISSUE (ALFARO V. MOHR), AND CIRCULATORY PROBLEMS WITH MY FEET AND LEFT LEG, I AGAIN REQUEST PERMISSION TO ORDER PROPERLY FITTED BOOTS.

RESPECTFULLY,
196749

KITE PROCEDURE

1. Check with your Sergeant or Case Manager to see if this communication can be handled without a kite.
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Number:	A196744		Name:	A15RD		Date:	2-27-18	
Unit:	A1		Lock:	A1-E14		Assignment:	Rtc A10E	
To: Mr. HENDERSON UNIT MANAGER								

FOLD HERE		
CASE MANAGER	WARDEN	QUARTERMASTER
CLASSIFICATION	DEPUTY WARDEN	RECORDS
COMMISSARY	ADMINISTRATION/ SPECIAL SERVICES/ PROGRAMS	RECOVERY SERVICES
DENTAL	DEPUTY WARDEN OPERATIONS	RECREATION
USE HEALTH SERVICES REQUEST FORM, DRC373 TO ACCESS DENTAL CARE	INST. INSPECTOR	RELIGIOUS SERVICES
MEDICAL	INVESTIGATOR	UNIT MANAGER
USE HEALTH SERVICES REQUEST FORM, DRC373 TO ACCESS MEDICAL CARE	JOB COORDINATOR	EDUCATION
LIBRARY	MAIL ROOM	FOOD SERVICE
MAJOR MENTAL HEALTH		OTHER

DRC 2005 (Rev. 08/2014)



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SIR:

THE WITROU'S RESPONSE TO MY REQUEST
TO OBTAIN 12EEE BOOSTS REFERRED ME
TO UNIT STAFF. MEDICAL ORDERED 12EEE
BOOSTS ON 1-8-18. HOWEVER, IN JAN. 2018
124E'S WERE SENT. REORDERED IN JAN. 2018
AND ON 2-21-18 RECEIVED 12EEE AND MADE
MS. BARKER AND THE MALE NURSE AWARE
OF THE FACT THEY WERE NOT 12EEE. QUARTERMASTER
ALREADY VERIFIED THEY DO NOT HAVE 12EEE - WHAT NEXT?
PLEASE REPLY ASAP.

Respectfully,

W-196744

Medical said once you
accept them that is what you
get speak with them.



KITE PROCEDURE

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Number: A196744		Name: ALERO		Date: 12-27-17
Unit: A1	Lock: A1-E14	Assignment: POSTER		
To: Mrs. BARNER				

KMD

FOLD HERE	
CASE MANAGER	WARDEN
CLASSIFICATION	DEPUTY WARDEN
COMMISSARY	ADMINISTRATION/ SPECIAL SERVICES/ PROGRAMS
DENTAL	DEPUTY WARDEN OPERATIONS
USE HEALTH SERVICES REQUEST FORM, DRC5373 TO ACCESS DENTAL CARE	RECREATION
MEDICAL	INST. INSPECTOR
USE HEALTH SERVICES REQUEST FORM, DRC5373 TO ACCESS MEDICAL CARE	RELIGIOUS SERVICES
INVESTIGATOR	UNIT MANAGER
JOB COORDINATOR	EDUCATION
LIBRARY	FOOD SERVICE
MAIL ROOM	OTHER
MAJOR MENTAL HEALTH	

DRC 2005 (Rev. 08/2014)

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8.8

MAIAM

I NEED TO PURCHASE PROPERLY
FITTED SHOES AND QUARTMASTER
NOR ANY OF THE APPROVED VENDORS
HAVE SIZE 12EEE. I PURCHASED 124E IN
2014 OR 2015 AND THEY WERE NOT WIDE
ENOUGH. I HAVE BROKEN VEINS IN MY
FEET AND ANKLES, CIRCULATION PROBLEMS
IN MY FEET, MY LEFT LEG IS STARTING
TO GIVE ME DIFFICULTY, AND DUE TO
ESSENTIAL BENIGN HYPERTENSION PROPERLY
FITTED SHOES ARE A NECESSITY. I ARRIVED
TO DRC ON VIOLATION IN 1-7-11 AND WAS
AUTHORIZED TO PURCHASE PROPERLY FITTED
SHOES WHILE THERE. YOUR ASSISTANCE IS GREATLY
APPRECIATED IN THIS VITAL ISSUE. RESPECTFULLY,
RM-19674V

Mr. Alford,
Your shoes have
been ordered its
not a common shoe
size I'm told they
have to be made to
order. Triple E
Ms. Bark 1-8 2018

MA'AM-

ON 1-22-18 I KITED UNIT
MANAGER HERNANDEZ AS
INSTRUCTED BY YOU FOR
APPROVAL TO ORDER SIZE 123E
FOOTWEAR FROM HITCHCOCK SHOES.

HE RESPONDED THAT ONLY BOOTS
FROM QUARTERMASTER ARE APPROVED,
AND THAT YOU ADVISED YOU HAD NOT
DIRECTED ME TO HIM FOR BOOTS.
I REQUESTED APPROVAL FROM HIM
FOR ORDERS FROM HITCHCOCK, AS NO
OTHER VENDORS OFFER 12 TRIPPLE FOOTWEAR.
IN ADDITION, QUARTERMASTER DOES NOT
HAVE 12 TRIPPLE E BOOTS. PLEASE CLARIFY.

RESPECTFULLY,

DN-196744

Mr. Alford,
We spoke on
2-6-2018

Thank You
Ms Bank

B.9

KITE PROCEDURE

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Number:	Name:		Date:
A196744	ALFARO		2-1-18
Unit:	Lock:	Assignment:	
A1	A1-EH4	REC A105	
To:			
Ms. Barrios			

FOLD HERE	
CASE MANAGER	WARDEN
CLASSIFICATION	DEPUTY WARDEN
COMMISSARY	ADMINISTRATION/ SPECIAL SERVICES/ PROGRAMS
DENTAL	DEPUTY WARDEN OPERATIONS
USE HEALTH SERVICES REQUEST FORM, DRC5373 TO ACCESS DENTAL CARE	INST. INSPECTOR
MEDICAL	INVESTIGATOR
USE HEALTH SERVICES REQUEST FORM, DRC5373 TO ACCESS MEDICAL CARE	JOB COORDINATOR
MAJOR MENTAL HEALTH	LIBRARY
	MAIL ROOM
	UNIT MANAGER
	EDUCATION
	FOOD SERVICE
	OTHER

DRC 2005 (Rev. 08/2014)



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Number: <u>Return</u>		Name: <u>ALFORD</u>		Date: <u>11-4-17</u>
Unit: <u>A196-744</u>	Lock: <u>A1-E14</u>	Assignment: <u>POBQA</u>		
To: <u>SPECIAL DUTY CAPTAIN</u>				

FOLD HERE		
CASE MANAGER	WARDEN	QUARTERMASTER
CLASSIFICATION	DEPUTY WARDEN	RECORDS
COMMISSARY	ADMINISTRATION/ SPECIAL SERVICES/ PROGRAMS	RECOVERY SERVICES
DENTAL	DEPUTY WARDEN OPERATIONS	RECREATION
USE HEALTH SERVICES REQUEST FORM, DRC5373 TO ACCESS DENTAL CARE	INST. INSPECTOR	RELIGIOUS SERVICES
MEDICAL	INVESTIGATOR	UNIT MANAGER
USE HEALTH SERVICES REQUEST FORM, DRC5373 TO ACCESS MEDICAL CARE	JOB COORDINATOR	EDUCATION
LIBRARY	MAIL ROOM	FOOD SERVICE
MAJOR MENTAL HEALTH		OTHER

DRC 2005 (Rev. 08/2014)



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B-12

SIR:

I ARRIVED ON 11-1-17 FROM S.O.C.F.

AND WOULD LIKE TO KNOW IF MY
PACKAGE APPROVAL IS RESET?

ALSO, I WEAR A SIZE 12EEE
SHOE FOR CIRCULATION PROBLEMS
IN MY FEET, AND NEED APPROVAL
TO ORDER FROM HITCHCOCK SHOES
TO OBTAIN PROPERLY FITTED FOOTWEAR?

Send the Package room VERY RESPECTFULLY,
a k. to they can check
on your Package approval Chm 196744
or see your unit manager.
Your shoes you will need
to see medical to get approval.

Capt. W. Shuck

KITE PROCEDURE

1. Check with your Sergeant or Case Manager to see if this communication can be handled without a kite.
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Number: A196-744		Name: ALFOND		Date: 11-4-17	
Unit: A		Lock: A1-E14		Assignment: POWRA	
To: SPECIAL DUTY CAPTAIN					

CASE MANAGER		WARDEN		QUARTERMASTER	
CLASSIFICATION		DEPUTY WARDEN ADMINISTRATION/ SPECIAL SERVICES/ PROGRAMS		RECORDS	
COMMISSARY		DEPUTY WARDEN OPERATIONS		RECOVERY SERVICES	
DENTAL USE HEALTH SERVICES REQUEST FORM, DRC5373 TO ACCESS DENTAL CARE		INST. INSPECTOR		RECREATION	
MEDICAL USE HEALTH SERVICES REQUEST FORM, DRC5373 TO ACCESS MEDICAL CARE		INVESTIGATOR		RELIGIOUS SERVICES	
MAJOR MENTAL HEALTH		JOB COORDINATOR		UNIT MANAGER	
		LIBRARY		EDUCATION	
		MAIL ROOM		FOOD SERVICE	
				OTHER	

DRC 2005 (Rev. 08/2014)



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ALSO, I WEAR A SIZE 12EEE
SHOE FOR CIRCULATION PROBLEMS
IN MY FEET, AND NEED APPROVAL
TO ORDER FROM HITCHCOCK SHOES
TO OBTAIN PROPERLY FITTED FOOTWEAR?

Send the Package room VERY RESPECTFULLY,
a note they can check
on your package approval *Chm 196744*
or see your unit manager.

Your shoes you will need
to see medical to get approval.

Capt. W. Sherr

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Number:		Name:		Date:
A194744		A15K		2-22-18
Unit:	Lock:	Assignment:		
A1	A1-E14	REC AIDE		
To:				
WARDEN				

RETURN

FOLD HERE	
CASE MANAGER	WARDEN
CLASSIFICATION	DEPUTY WARDEN ADMINISTRATION/ SPECIAL SERVICES/ PROGRAMS
COMMISSARY	RECOVERY SERVICES
DENTAL	RECREATION
USE HEALTH SERVICES REQUEST FORM, DRC5373 TO ACCESS DENTAL CARE	DEPUTY WARDEN OPERATIONS
MEDICAL	INST. INSPECTOR
USE HEALTH SERVICES REQUEST FORM, DRC5373 TO ACCESS MEDICAL CARE	INVESTIGATOR
MAJOR MENTAL HEALTH	JOB COORDINATOR
	LIBRARY
	MAIL ROOM
	UNIT MANAGER
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	FOOD SERVICE
	OTHER

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TOLEDO CORRECTIONAL
2018 FEB 23 A 8:13
WARDEN'S OFFICE

B-12

SIR: RETURN

QUARTMASTER AND NONE
OF THE APPROVED VENDORS
PROVIDE MY SHOE SIZE (123E).
MEDICAL PROVIDED A PAIR OF
122E BOOTS ON 2-21-18,
BUT I NEED TO OBTAIN
123E FOOTWEAR THROUGH HITCHCOCK
SHOE COMPANY FOR MEDICAL
REASONS (CIRCULATORY PROBLEMS IN FEET, LEGS).

Respectfully,
Ol 196744

2-23-18

See your Unit Staff
for assistance.

J. Coleman

cc: J. Hernandez
F. Jackson

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Number:		Name:		Date:
		ALFORD		10-15-18
Unit:	Lock:	Assignment:		
A1	A1-W14	LUNDY MACY OPR.		
To:				
ADA COORDINATOR GATJENSKY				

FOLD HERE	
CASE MANAGER	WARDEN
CLASSIFICATION	DEPUTY WARDEN
COMMISSARY	ADMINISTRATION/ SPECIAL SERVICES/ PROGRAMS
DENTAL	DEPUTY WARDEN OPERATIONS
USE HEALTH SERVICES REQUEST FORM, DRCS373 TO ACCESS DENTAL CARE	INST. INSPECTOR
MEDICAL	INVESTIGATOR
USE HEALTH SERVICES REQUEST FORM, DRCS373 TO ACCESS MEDICAL CARE	JOB COORDINATOR
LIBRARY	UNIT MANAGER
MAIL ROOM	EDUCATION
MAJOR MENTAL HEALTH	FOOD SERVICE
OTHER	

DRC 2005 (Rev. 08/2014)



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ENCLOSED IS MY ACCOMMODATION
REQUEST AND ELEVEN (11)
PAGES OF ATTACHMENTS.

RESPECTFULLY,

Ch 496744

KITE PROCEDURE

1. Check with your Sergeant or Case Manager to see if this communication can be handled without a kite.
2. Write only to the Department that handles the problem you have. Others will merely forward your kite.
3. State your problems clearly and completely and thereby get immediate attention.
4. Avoid duplication of Kites, Writing to more than one office about the same thing will not obtain any faster attention.
5. Kites are to be used only for communication between inmates and Institutional Staff and not for any other purpose.

Number: A196-744		Name: ALFARO		Date: 11-19-18
Unit: A1	Lock: A1-W14	Assignment: LAUNDRY MACH. BKK.		
To: MR. SASTENSKI- ADA COORDINATION				

FOLD HERE	
CASE MANAGER CLASSIFICATION COMMISSARY DENTAL USE HEALTH SERVICES REQUEST FORM, DRC5373 TO ACCESS DENTAL CARE MEDICAL USE HEALTH SERVICES REQUEST FORM, DRC5373 TO ACCESS MEDICAL CARE MAJOR MENTAL HEALTH	WARDEN DEPUTY WARDEN ADMINISTRATION/ SPECIAL SERVICES/ PROGRAMS DEPUTY WARDEN OPERATIONS INST. INSPECTOR INVESTIGATOR JOB COORDINATOR LIBRARY MAIL ROOM UNIT MANAGER EDUCATION FOOD SERVICE OTHER

DRC 2005 (Rev. 08/2014)



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B.14

SIR:

ENCLOSED IS MEDICAL RESPONSE 11-16-18

TO MY REQUEST FOR NEW BOOTS.

ALSO ENCLOSED ARE RESPONSES

ON 1-8-18, 3-12-18, 2-6-18,

2-27-18, 2-22-18, & 11-4-17

REGARDING THIS ISSUE. ALSO ENCLOSED
IS TOCZ0318000369.

RESPECTFULLY,

Oh 176742

KITE PROCEDURE

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Number:		Name:		Date:
A196744		A1510		2-22-18
Unit:	Lock:	Assignment:		
A1	A1-E14	REC AIDE		
To:				
WARDEN				

RETURN

FOLD HERE	
CASE MANAGER	WARDEN
CLASSIFICATION	DEPUTY WARDEN
COMMISSARY	ADMINISTRATION/ SPECIAL SERVICES/ PROGRAMS
DENTAL	DEPUTY WARDEN OPERATIONS
USE HEALTH SERVICES REQUEST FORM, DRC5373 TO ACCESS DENTAL CARE	RECOVERY SERVICES RECREATION
MEDICAL	INST. INSPECTOR
USE HEALTH SERVICES REQUEST FORM, DRC5373 TO ACCESS MEDICAL CARE	RELIGIOUS SERVICES
INVESTIGATOR	UNIT MANAGER
JOB COORDINATOR	EDUCATION
LIBRARY	FOOD SERVICE
MAIL ROOM	OTHER
MAJOR MENTAL HEALTH	

DRC 2005 (Rev. 08/2014)



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TOLEDO CORRECTIONAL
2018 FEB 23 A 8:13
WARDEN'S OFFICE

B-12